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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) ADAM KINZINGER							
	(b) Address (number and street)					Candidate's FEC Identification Number H0IL11052		
_	(c) City, State, and ZIP Code						ew Amended	
	CHANNAHON		IL	6041	0-5623	Statement X (N		
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	rict of Candidate		
	REPUBLICAN PARTY	House			IL	16		
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	N COMMITTEE		
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full) KINZINGER FOR C	ONGRES	SS					
	(b) Address (number and street) PO BOX 2365							
	(c) City, State, and ZIP Code							
	OTTAWA				IL	61350-6965		
8.	I hereby authorize the following name candidacy. NOTE: This designation should be f	ned committee,	which is NO	T my princip	, 0	,	pend funds on behalf of my	
	(a) Names of Committee (in full)	•						
	(a) Name of Committee (in full) 2015 SXSW GOP C	ommittee	•					
	(b) Address (number and street) 2470 Daniels Bridge Road							
	Suite 121							
	(c) City, State, and ZIP Code				0.4	00000 0404		
	Athens				GA	30606-6191		
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correct	and complete.	
Signature of Candidate						Date		
A	DAM KINZINGER			[Elec	tronically Filed]	04/03/2015		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
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FEC FORM 2 (REV. 02/2009)

(c) City, State and ZIP Code

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003) [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) ADAM KINZINGER - FUTURE 1ST COMMITTEE (b) Address (number and street) PO BOX 2381 (c) City, State and ZIP Code **OTTAWA** IL 61350 [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)